DOCUMENT RESUME

ED 205 492 SP 018 668

TITLE Adapted Physical Education in Oregon Schools. Supplement to "Physical Education in Oregon Schools."
INSTITUTION Oregon State Dept. of Education, Salem.
PUB DATE 81
NOTE 72p.

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Adapted Physical Education; *Curriculum Development; Educational Resources; Elementary Secondary Education; *Exceptional Persons; *Individualized Education Programs; *State Programs; Student Evaluation; Teaching Methods
IDENTIFIERS *Oregon; *Public Law 94 142

ABSTRACT

This booklet is a resource of information and ideas for educators responsible for developing and conducting physical education for handicapped students. The first section discusses the implications of Public Law 94-142, including the definition and identification of handicapping conditions, the Law's effect on physical education, and the least restrictive environment. The section on student evaluation reviews screening and referral processes and the individualized education program. Special planning of the budget, equipment, facilities, liability and safety, and attendance policies are the topics of the third section. Descriptions of the organization, teaching strategies, and adapted procedures for use in the kindergarten through twelfth grades are included in the fourth section. The final sections discuss the physical education curriculum, adapted activities, performance testing, and resources. (CJ)

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ED205492

Adapted Physical Education in Oregon Schools

supplement to

Physical Education in Oregon Schools

Verne A. Duncan
State Superintendent of Public Instruction

Oregon Department of Education
Salem, Oregon 97310

1981

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Foreword

To be what we are, and to become what we are capable of becoming, is the only end in life.

Robert Louis Stevenson, in
Familiar Studies of Men and Books, 1882.

In the successful physical education program, students' needs are met in order that they may grow and learn to their best potential. *Adapted Physical Education in Oregon Schools* is intended to serve as a resource for the teacher who seeks to meet the needs of the handicapped student.

I thank the physical educators, special education teachers, adapted physical education specialists, parents and many others who took part in developing this publication. Alliances such as this are necessary to help us achieve our overall goal of excellence in education—providing students with the best that education has to offer.

For further information, please contact Vicki Coffey, Physical Education Specialist, 378-3737, or toll free in Oregon 1-800-452-7813.

Verne A. Duncan
State Superintendent of
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Acknowledgments

The following people shared their thinking and experiences because of their interest in providing and improving physical education for all Oregon students. Special thanks go to the Oregon Congress of Parents, Teachers and Students (OCPTS) for being involved.

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Ginger McLean, Cottrell School District (Boring), created the illustrations from the logo of the Physical Education Public Information (PEPI) project of the American Alliance for Health, Physical Education, Recreation and Dance.

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Introduction

Adapted Physical Education in Oregon Schools is a supplement to *Physical Education in Oregon Schools.* It was created in response to the concerns of educators about meeting the needs of *ALL* students for physical education.

Adapted Physical Education in Oregon Schools is intended to be a resource of information and ideas for educators responsible for developing and conducting physical education for handicapped students. It should be used as a point of departure. No attempt has been made to answer all the questions and problems related to the education of handicapped students.

Adapted Physical Education in Oregon Schools urges adapted classes and activities as parts of the total K-12 physical education program. The task for educators is to maintain the goals and curriculum of the K-12 sequential program while adapting activities and methods to meet the needs of each student.

This publication was developed cooperatively by representatives of Special Education and Physical Education. The publication is an example of how several specialty areas may unite in the interest of meeting student needs.

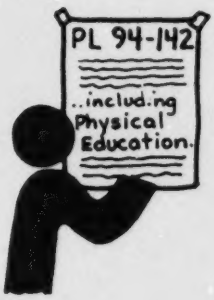
Public Law 94-142

Educators generally recognize that students benefit from participation in physical education. Only recently have more school personnel realized that these same benefits are applicable to handicapped students. Research studies in the early 1960's demonstrated that, although many handicapped students were lacking in motor skills and physical fitness, improvements in these areas were possible. What was needed in many cases was the opportunity to receive physical education. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) requires that educational programs which receive federal financial assistance shall provide a free appropriate public education to all qualified handicapped persons. The Education for All Handicapped Children Act of 1975 (Public Law 94-142) mandates that handicapped children must receive physical education instruction. Portions of PL 93-112 and PL 94-142 may be found in Appendix A.

HANDICAPPING CONDITIONS

Public Law 94-142 has identified eleven disability categories: mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multihandicapped and specific learning disabilities. Oregon law also identifies pregnant students as handicapped. Handicapping conditions covered by Oregon Administrative Rules are included as Appendix B.

INTENT OF THE LAW



PL 94-142 is viewed by many as the most significant educational legislation for the handicapped students written to date. The intent of this law is clear: Every handicapped child is entitled to a free appropriate public education. Other significant features of PL 94-142 include the writing of an individualized educational program, providing education in the least restrictive environment, and encouraging participation in educational decisions.

Public Law 94-142 also clarifies what the term special education means:

> ". . . specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, in physical education. . . ."

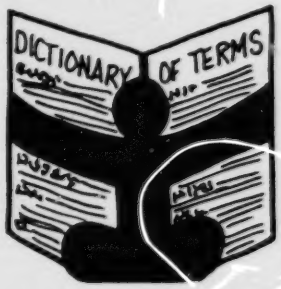
Handicapped students who need a specially designed program in order to function at a level where they may learn and progress qualifies them for an individual education program (IEP). Physical education is the only curricular area that is specifically identified in the law. This is the first time that physical education has been recognized in such a significant fashion by the federal government.

EFFECT ON PHYSICAL EDUCATION

According to the regulations for PL 94-142, Section 121a.14. physical education means:

> ". . .the development of (A) Physical and motor fitness; (B) Fundamental motor skills and patterns; and (C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).
>
> (ii) The term includes special physical education, adapted physical education, movement education and motor development."

This definition provides the framework for fulfilling physical education requirements mandated by law. Terms in the law, regulations and Congressional testimony make it clear that physical education is to be included in the educational program so that students can realize the benefits of attaining specific and definite physical, motor, psychomotor and health goals. Other definitions used in applying the law may be found in Appendix C.



LEAST RESTRICTIVE ENVIRONMENT

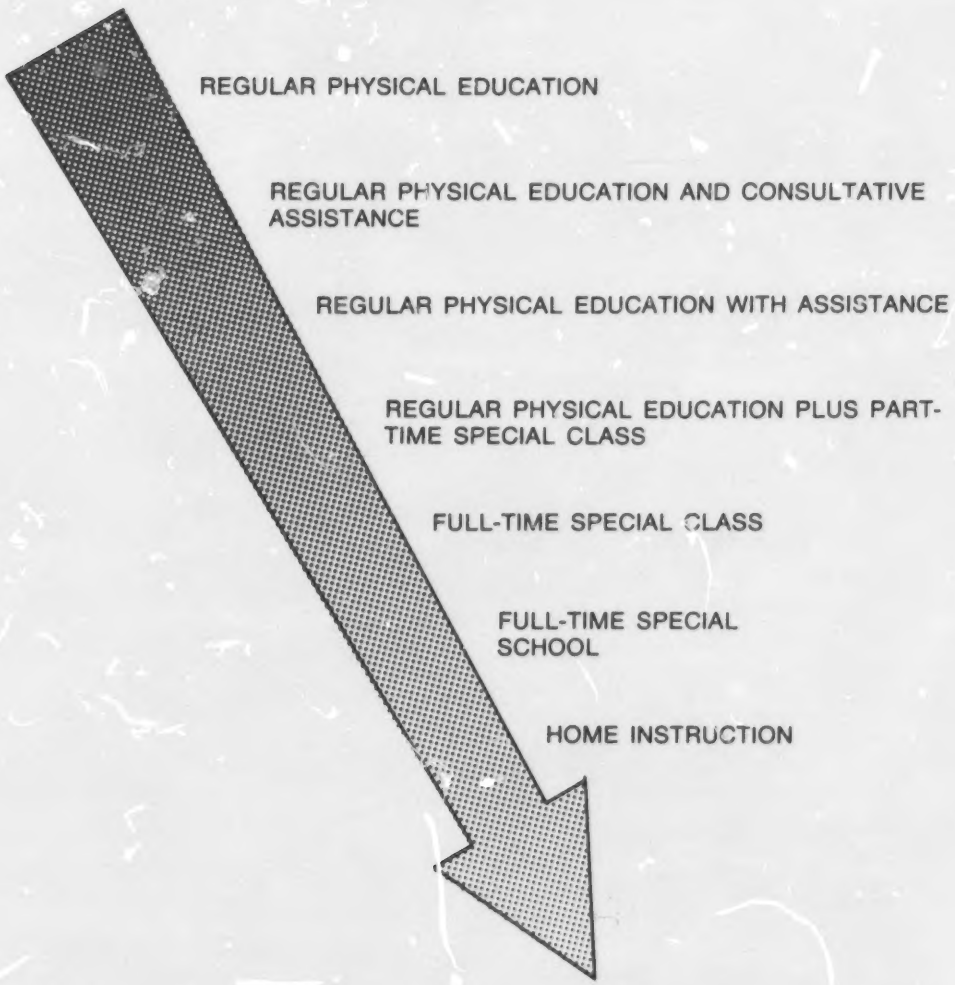
Although the intent of PL 94-142 is to afford handicapped students an opportunity to participate in regular education, including physical education, this is not always possible for some students. In such cases, adapted physical education may be necessary. According to Section 121a.307:

> ". . .If specially designed physical education is prescribed in a child's individualized program, the public agency responsible for the education of that child shall provide the services directly or make arrangements for it to be provided through other public or private programs."

Circumstances will arise when handicapped students are involved in an activity not offered to the regular physical education classes. The intent here is to accommodate the unique needs of the handicapped and to place these students in the most appropriate educational environment. For some students this will mean placement in regular physical education with appropriate modifications; others may need more intense special programming in a separate class. Or placement may be made somewhere in between.

The chart indicates some placement options:

OPTIONS FOR PHYSICAL EDUCATION*


REGULAR PHYSICAL EDUCATION
REGULAR PHYSICAL EDUCATION AND CONSULTATIVE ASSISTANCE
REGULAR PHYSICAL EDUCATION WITH ASSISTANCE
REGULAR PHYSICAL EDUCATION PLUS PART-TIME SPECIAL CLASS
FULL-TIME SPECIAL CLASS
FULL-TIME SPECIAL SCHOOL
HOME INSTRUCTION

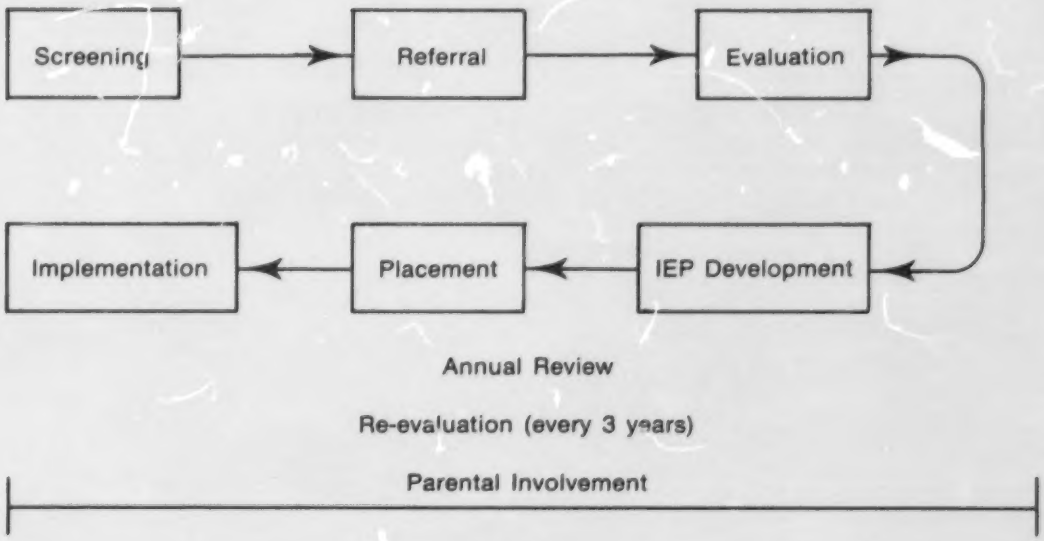
*Adapted from John Dunn's *Adaptive Physical Education* (Salem, OR: Mental Health Division, 1979), p. 11.

Student Evaluation

EVALUATION

It is the responsibility of the school district to identify eligible handicapped students who qualify for special education services. Each district should develop a procedure for evaluating students and developing IEPs when necessary. It is suggested that teachers review the district policies for implementing PL 94-142 to ensure that appropriate procedures are followed. The flow chart outlines the steps which should be included:

FLOW CHART



Screening

The purpose of screening is to identify students who may qualify for special education services, including adapted physical education. Teachers should be aware of the characteristics which constitute a need for referral. Students may be identified in a variety of ways:

- observation
- routine class screening tests
- parent referral
- outside agency referral
- recent illness or trauma
- classroom teacher or nurse referral

Students who seem to qualify with a handicapping condition are to be referred by the school to the district administration office.

Referral

Prior to beginning a comprehensive, formal evaluation of a student, the parent or guardian must be notified and that person must give written consent. It is important that the parent be informed of the parent's rights concerning the identification, evaluation and placement of the student. A copy of the list of parent rights has been provided as Appendix D. A Prior Notice and Parental Consent form appears as Appendix E. Once the parent has approved the testing, qualified personnel should administer the evaluation to determine the student's specific needs.

Evaluation

The purpose of the evaluation is to determine whether the student qualifies for special education services. The regulations of PL 94-142 explain the evaluation procedures to be followed. With respect to the personnel involved in the evaluation, §121a.532 (e) states:

> "The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability."

In other words, the evaluation shall be conducted by a multidisciplinary team which should include a physical education teacher.

§121a.532 (f) explains the areas to be evaluated:

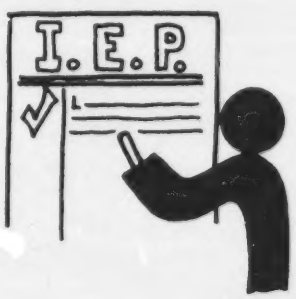
> "The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities."

In determining which evaluation tool to use, the following information should be considered by the evaluators:

- knowledge of test
- statistics
- administration
- cost
- procedures
- standardization
- PL 94-142 applicable regulations

For an explanation of each of these testing concerns and regulations affecting evaluation, see Appendix F.

Some appropriate evaluation tools have been listed in Appendix G In certain situations the evaluation tool may have to be modified to the abilities of the student.



As indicated earlier, the evaluation of motor abilities should be conducted by a person knowledgeable in this curricular area. The evaluator should be able to select, administer and interpret an appropriate test which yields functional information about the student's ability to perform motor and physical fitness tasks. If the evaluation indicates the student has special needs covered by the regulations, then the student qualifies for special education services. The next step is to develop an individualized education program (IEP) to meet the specific needs of the student.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

An IEP is a planned written program with specific goals and objectives to meet the individual educational needs of a handicapped student. PL 94-142 regulations explain who is to participate in the IEP development, the content of the IEP, where the student is to be placed and what related services may be provided.

IEP Participants

PL 94-142 requires that certain individuals be involved in the IEP development process. The local school district is responsible for seeing that all participants are present at the IEP meeting:

a) student's teacher,
b) representative of the public agency, other than the teacher, who is qualified to provide or supervise special education,
c) parent,
d) student (where appropriate),
e) for a student who has been evaluated for the first time, a member of the evaluation team or someone who is knowledgeable about the evaluation procedures and results,
f) other individuals at the discretion of the parent or the school.

The IEP meeting is designed to give the school the opportunity to present to the parent and student the results of the evaluation and to offer suggestions as to what may be best for the student. At this time, the IEP goals, objectives, placement and related services are discussed.

It is the responsibility of the participants to actually develop the IEP. Since physical education is an integral part of PL 94-142, the IEP team must determine the type of physical education that is appropriate for the student. This decision should be made after a discussion of the best information available from the most knowledgeable sources. The parent must participate in the development of the IEP.

In Appendix H are samples of the various forms used in the IEP process, including a checklist of minimum federal and state requirements.

IEP Content

Each IEP must include statements on:

a) the child's present levels of performance,
b) annual goals,
c) short-term instructional objectives,
d) specific special education and related services to be provided,
e) extent of participation in regular programs,
f) projected dates for initiation and duration of services,
g) objective criteria, evaluation procedures and schedules for determining whether objectives are being met.

IEP Form

The statement on the present level of performance indicates the student's abilities based on the evaluation process. From this data, annual goals are developed which describe what the student is expected to learn within one year of the date of the IEP meeting. Next, the short-term objectives are established by the IEP participants. These describe what the student is expected to learn as intermediate steps toward the annual goal.

PL 94-142 requires that the IEP include appropriate objective criteria for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved. Criteria may be expressed in a variety of ways, including percentage of correct responses, rates of speed, or other similar means.

The IEP also must state the evaluation procedures and schedules for determining on an annual basis whether the objectives are being achieved. Suggested evaluation procedures include teacher observation, criterion-referenced test, norm-referenced test, applied performance test, etc. Suggested schedules include a quarterly check of skills acquisition, monthly review of progress data, end-of-semester retest.

A sample completed IEP has been provided in Appendix I.

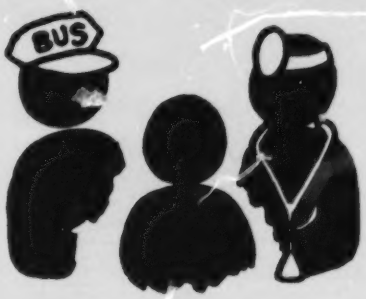
Related Services

Prior to or during the IEP meeting, related services may be identified which are useful to the handicapped student. According to PL 94-142, related services include:

- Audiology
- Counseling service
- Medical services—diagnosis and evaluation only
- Occupational therapy
- Parent counseling and training
- Physical therapy
- Psychological services
- Recreation
- School health services
- Social work services
- Speech pathology
- Transportation

Before some handicapped students (e.g., orthopedically impaired, other health impaired, multihandicapped) take part in physical education, it may be best to consult a physician. A form for physician recommendations is in Appendix J.

Many handicapped students can benefit from the support of related services. It is important to remember that related services are not to be used to replace the instructional physical education program.



Placement

PL 94-142 mandates that handicapped students receive instruction in the least restrictive environment. This means that handicapped students should be placed in the environment which is most conducive to their educational advancement. For some this will mean placement in regular physical education classes with support assistance. Others will require an adapted physical education class. Many students would benefit from an environment which includes instruction in both regular and adapted settings. There are no specific criteria for placement; therefore, the student should be placed in the environment that is least restrictive and will best facilitate the implementation of the IEP.

The chart on page 7 of this book offers some placement options for physical education. Initial placement requires written prior parental notice and approval. Subsequent changes in placement require written prior notice.

Annual Review

An annual review of the student's IEP is required by PL 94-142. The parents shall be informed of the student's progress and included in the planning of the next year's IEP. The goals and objectives specified in the IEP should be updated yearly. In addition to this annual review, the student is to be formally evaluated once every three years to affirm the need for special education services.

Special Planning

Having studied the laws and identified handicapped students, the next concern for teachers is planning. General information on planning the K-12 physical education program including goals, time, curriculum, etc., may be found in *Physical Education in Oregon Schools.* The necessity for meeting the regulations of PL 94-142 calls for some special planning.

BUDGET

Attention should be given to any federal funding available to the district for personnel and equipment. State reimbursement under OAR 581-15-046 from the Handicapped Child Program may be claimed for instructional cost and supportive services. Salary and employee benefits may be claimed for teachers who have a basic or standard teaching certificate with a physical education endorsement and who provide adapted physical education instruction to eligible handicapped children, provided such instruction constitutes EXCESS COST to the district. More information on budget matters is available on page 9 of *Physical Education in Oregon Schools.*

EQUIPMENT

The type of equipment needed will depend on the curriculum. Consideration should be given to adapting available equipment to meet the special needs of the handicapped. In many cases, homemade physical education equipment or modified equipment may be constructed at considerable savings to the district. It should be remembered that equipment is for *all* students and not for the exclusive use of any one group. A list of various types of adapted equipment and supplies appears in Appendix K. Further information on equipment may be found on page 10 of *Physical Education in Oregon Schools.*

FACILITIES AND SPACE

Careful study by the schools is necessary to determine if facilities are designed to meet the needs of the handicapped (e.g., ramps for access to entrances and exits, etc.) If they are not, they must be changed to be accessible to all students. It may be necessary to use community facilities until school facilities and space meet the determined needs.

LIABILITY AND SAFETY

For handicapped students, special attention must be given to individual health needs as well as to district and state regulations concerning student safety. Districts are liable if they do not protect the health and safety of students during school activities.

ATTENDANCE POLICIES

Regular attendance for handicapped students is required under the same policies as for other students. While OAR 581-22-415 allows local districts to excuse students with specific handicaps from physical education, this is not the intent in PL 94-142. More specific information regarding attendance is available on page 11 of *Physical Education in Oregon Schools.**

*"It should be noted that every handicapped child would participate in some type of PE activity. Specially designed PE could involve arrangements for a child to participate in some individual sport or physical activity (e.g., weight lifting, bowling, or an exercise or motor activity program)." *Federal Register* (23 August 1977), p. 42507

The K-12 Program

After the preliminary work is completed, the next task is to create, develop and organize the program to meet the needs of each student.

ORGANIZING THE PROGRAM

Several questions need to be answered when organizing the program. Suggestions for organization may be found on pages 15-16 in *Physical Education in Oregon Schools.*

It is important to remember that the K-12 program is developed to meet the district goals. The program goals and K-12 curriculum should be developed to meet the needs of ALL the students in the district.

Allotting Time

The time requirements should be the same for all students in the K-12 program. Eight percent of the instructional time may be allotted to physical education in grades K-8. At the secondary level, one unit (130 hours) is the minimum requirement for graduation.

Scheduling

It is important that adapted physical education classes have a regular time schedule for instruction. An appropriate location for class activities also is needed. Facilities should be scheduled so that adapted classes have an equal opportunity to use all physical education stations.

TEACHING STRATEGIES

The following ideas are suggestions for teaching handicapped students, and they may be appropriate for teaching all students. Other ideas are presented in the section on activities and on pages 17 and 18 of *Physical Education in Oregon Schools.*

Attitudes

"So often negative attitudes are caused by able-bodied persons who have not had opportunities to meet and know impaired, disabled, and handicapped persons *as individuals.* As a result, attitudes and relationships continue to be influenced by labels and categorical thinking; stereotypes abound. When individuals with even the most severe handicapping conditions are known as individuals—people with the same ranges of interests, aspirations, abilities, biases, problems, and hang-ups as their able-bodied counterparts—the first and possibly most important steps have been taken toward acceptance . . . "*

*AAHPER, "Tips on Mainstreaming: Do's and Don'ts in Activity Programs," *Practical Pointers* (Washington, D.C.: AAHPER Vol. 1, No. 10, March 1978) p. 2.

The more that the school population (students, teachers, administrators, parents) understands the handicapped, the easier it will be to involve the handicapped in regular school activities. Developing positive attitudes should begin in the elementary grades. Some strategies that may be used to bring about awareness and understanding include:

Reverse mainstreaming . . . bring prepared nonhandicapped students into the adapted class as aides.

Acting out . . . simulate situations where nonhandicapped students attempt activities while imagining that they are handicapped.

Special projects . . . hold recreational trips, dances and demonstrations to show the skills of handicapped students.

Instruction . . . utilize content material (e.g., magazines, newspapers, films) to define the problems and capabilities of the handicapped.

Discussions . . . a) Bring a handicapped person to class so nonhandicapped students can ask questions they may be reluctant to ask a peer. b) Invite a student to discuss the skills of a handicapped family member. c) Ask handicapped students if they would like to discuss their feelings, adaptations they have made, etc. d) Have handicapped and nonhandicapped students discuss similarities and differences.

Cooperation

Teachers may use, as a primary resource, other staff members of the school. All of the staff working with handicapped students should cooperate and share teaching strategies and ideas in an effort to help students. Physical education teachers nd special education teachers should work together with physicians, therapists, and others in meeting individual student needs.

Aides and Volunteers

The use of aides or volunteers can be a valuable and necessary asset to a teacher working with handicapped students. The state has established specific criteria for the employment of teacher aides. Additional criteria may be developed related to selecting, training and evaluating such people.

Suggestions for recruiting volunteers include requesting help from school service clubs, senior citizen groups, community service clubs. Practicum and student teachers from nearby colleges can be a source of assistance. The use of peer tutors (buddy system) which allows students in the same class or students from other classes to help can be a very positive approach when used with good supervision. Schools determine their own method for recruiting, training and evaluating volunteers. Volunteers should visit the class and receive information on individual student needs, terminology, class procedures, techniques to use, the importance of confidentiality, and district policies governing participation as a volunteer. For more information refer to page 18 of *Physical Education in Oregon Schools.*

Individualized Teaching

The curriculum content may be individualized according to each student's IEP by using a variety of approaches. Individualized planning and teaching make the learning characteristics and needs of the students the major factors for consideration. This approach may provide a constant picture of progress and performance for the student and teacher. The following are some samples of individualized teaching which allow students to learn at their own rates.

Stations . . . Skills may be divided into various stations (e.g., basketball skills—free throw, lay-up, wall pass, figure 8 dribble). This would allow students to use the stations at their own speed or skill development.

Circuit . . . Various patterns may be designed to develop specific skills with students moving through the circuit at their own pace.

Task Cards . . . Individual cards with written assignments for each student to complete. For example: throw a ball into the air and catch it four out of five times.

Contracts . . . Similar to task cards in that they specify what the student must do, but they may involve the signature of the student, number of points given for each completed contract, a written agreement of what the student must do to earn a certain grade or point value and a specified time period for completion.

Prescribed Remedial Exercises . . . Some students may be working on specific exercises designated to assist in rehabilitation or development. The exercises should be clearly defined by type and number of repetitions required. They should be supervised by someone well versed in the correct procedures.

Strategies

The following are some general teaching strategies which may be useful:

- Progress from simple to more complex sequence of skills within the ability levels of students.
- When working with new students, begin slowly and gradually introduce them to new activities. Keep in mind students may fear new experiences, and may become embarrassed or display a lack of initiative.
- Help students feel accepted by classmates (e.g., discussion of disabilities of humans and sensitivity to others).
- Utilize approaches that result in personal feelings of achievement and progress for the students.
- Offer continuous and immediate positive reinforcement when correct responses, movements, or skills have been accomplished.
- Try to encourage open and positive points of view regardless of the teaching strategies used.
- Use clear, simple and concise directions.
- Maintain eye contact and/or body contact when giving directions. Grouping near the instructor helps to lessen distractions and monitor students' attention spans.
- Many students are accustomed to learning through modeling. It is desirable, however, for them to respond to verbal cues. Use demonstrations and manipulation when necessary, but mentally record whether students understand the directions or simply model themselves after peers.
- Some students may be nonverbal or have poor expressive language skills. However, these students often have good receptive language skills. If what students are requesting or explaining is unintelligible, ask them to *show* what they mean. Be aware of nonverbal cues they may use. Some use sign language to communicate.
- Include applicable stimuli related to students' sensory abilities (auditory aids for blind students, visual aids for deaf children).

Provide a calm, nonthreatening environment.
Use a variety of teaching techniques to find what works best with each individual.
Utilize the students' intelligence—don't "baby" them.
Determine amount of assistance each individual needs.
Activities may be individualized in terms of:
- —the focus (e.g., instructional, recreational, competitive, developmental);
- —the method of locomotion to be used (e.g., running, walking, crawling, wheelchairs);
- —the number of persons to be involved (e.g., individual, partners, small group, teams);
- —the number of repetitions, distance, trials.

Consider the physical layout of the facility and equipment available.
Decrease the distractions in the instructional environment.
Be aware of any health-related problems.
Instruct students in safety procedures. Always check the instructional environment for safety hazards.
Continually make assessments and keep performance record charts of the students' progress toward the IEP goals and objectives.

ADAPTED PROCEDURES

A physical education program should be designed to meet both individual and group needs at each grade level. Handicapped students need what other children need. The focus of goals and curriculum should not change for special populations. While attempting to keep the program similar for all students, it may be necessary to adapt a specific activity to meet the individual needs of the handicapped student. *Physical Education in Oregon Schools* has suggested program content for grades K-12.

Teachers need to be aware of the relationship of medications to physical activity. Many medications are used in the treatment of students with handicapping conditions, and some can have significant effects on motor performance. The adverse effects of drowsiness, dizziness, faintness, lightheadedness, mental confusion, muscle tremor, muscle weakness, confusion, visual disturbances, uncoordinated muscle movements, disorientation, fatigue, unsteadiness and depression can compromise the student in many physical activities. These adverse effects depend upon many complex factors which underscore the necessity to evaluate each student. It is important that teachers be aware of potential drug-induced changes in motor behavior in order to effectively plan appropriate physical education.

Some other considerations and adapted procedures for a variety of handicapping conditions follow. This information should be used as a guide. Each situation is different. Teachers must be creative and remember to treat the handicapped with the same interest as all other students. Following the general considerations are suggestions grouped according to handicapping conditions; in many cases any one suggestion will apply to another condition, depending on the need of the student.

General Considerations

Many students with permanent disabilities will have already developed necessary modifications to permit their participation in certain activities. Allow these students to proceed at their own rate of involvement. If they experience difficulty or cannot make the necessary adjustments, step in and assist.

Adaptations must be made with emphasis on the students' abilities rather than their disabilities.
Obtain a written statement from students' physicians of recommendations and contraindications of physical activity.
When possible follow the regular curriculum for selection of a wide variety of activities appropriate to the age group.

Stress physical fitness, posture, weight control, nutrition and motor development activities.

Provide opportunities for students to explore and learn skills for various lifetime activities.

Choose activities that provide successful experiences. Keep in mind that a *successful experience* does not always mean that handicapped students will perform on par with regular students. Success for handicapped students may mean being able to be a part of the mainstream and simply participate (e.g., students may fail at striking the ball but succeed at being involved).

Have each activity period progress from stretching, breathing and relaxation warm-ups to more physically involved exercise, with cool-down and relaxation techniques ending the period.

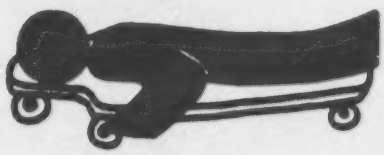
Begin activities at a slow tempo and progressively increase skill levels.

Provide knowledge of game rules and strategy.

Curriculum offerings should allow opportunities for students to make choices relative to their needs and abilities. When appropriate, involve students in the decision-making process of game and activity modification.

Modification of game rules should be regulated to meet the needs of the group. For example:

Sit or lie down rather than stand
Walk rather than run
Kick rather than strike
Permit additional trials
Allow for substitutions
Reduce the time period of the game
Reduce the number of points needed to win or eliminate all points
Reduce the size of playing area.



Try not to change a game to such a degree that the students lose sight of or interest in what they started to play.

Provide additional rest periods if appropriate for individual students (e.g., rotate players into active and inactive positions, rotate players in and out of the game, discuss rules and strategy, plan quiet games).

Focus on participation, learning, and sportsmanship instead of winning.

Structure competitions; these students have lost so many times in their lives that one more loss compounds the problem. Be sure they have a chance to win and that they experience winning. Recognize that some students will have great difficulty handling the stress of competition.

Many publications contain ideas for games and skill modifications. They should be used as references and can often spark other ideas.

Mentally Retarded

Oregon classifies the mentally retarded by the following levels or degrees: mild, moderate, severe and profound. "Educable" is a synonym for mild mental retardation and "trainable" refers to moderate, severe and profound levels of mental retardation.

Within the levels of mental retardation, students may vary in their ability to follow directions or comprehend instructions. The teacher should be aware of these variations and present physical education activities which are appropriate to the students' individual abilities. In general, directions should be explicit, demonstrations given frequently, and learning experiences presented as concretely as possible. Students may demonstrate short attention span, lack of motivation, lack of confidence, poor comprehension, hyperactivity, and reluctance to try new activities. Mentally retarded students also may have language or communication

problems and poorly developed motor skills. Trainable mentally retarded (TMR) students demonstrate these behavior and skill deficits to a greater degree than do educable mentally retarded (EMR) students. Some EMR students need adaptive physical education and some do not. Care should be taken during the development of the individualized education program (IEP) to place students in the most beneficial physical educational programs.

Adapted Procedures

Allow retarded students to participate in regular physical education classes, if they are capable of doing so.
Consider providing a longer period of time for the student to learn, practice and use skills.
Emphasize activities that hold the student's enthusiasm and interest.
Provide music, dance, and other rhythmic activities.
Reduce the size of the playing area (e.g., change boundary lines, decrease the height of the net, use equipment that will reduce the range of play).
Use lighter equipment (e.g., plastic bats, fleece balls, plastic beach balls, yarn balls, nerf balls).
Slow down moving objects (e.g., throw balls with one bounce, roll the ball, use a stationary ball on a tee, decrease the air pressure of the ball, use a ball suspended on a string).
Use brightly colored equipment.
Break skills into small attainable tasks or steps.

Hard of Hearing and Deaf

The hard of hearing and deaf can usually participate in regular physical education activities. They may be slightly below average in motor development, but this is not always the case. The deaf sometimes have difficulty with balance activities if there is semicircular canal damage, but their balance usually improves with age.

Adapted Procedures

Remember that one of the greatest needs for the deaf is social; the biggest problem in teaching is communication.
When speaking, face the deaf and speak at a moderate rather than an abnormally slow rate. (Avoid speaking when back is turned on deaf students.)

Speak at a normal volume.
Maximize the use of remaining senses when teaching the deaf.
Develop a system of signals to start, stop and change an activity.
Use auditory activities when residual hearing exists.
Teach in small groups.
Provide activities to stimulate social interaction.
Provide activities to enhance spatial concepts and balance.
Eliminate or carefully supervise high climbing and certain stunts and tumbling activities for those with semicircular canal damage.
Use hand movements or deep bass sounds when teaching music or dance activities.

Allow students to wear plugs or excuse them from swimming and cold weather activities if they have ear infections or are convalescing from ear operations.
Adapted procedures which apply to the seriously emotionally disturbed also may apply to the deaf.
Provide protection for hearing aids when worn or stored (as when students shower).

Speech Impaired

Because students with communication disorders can manifest a wide variety of behavior patterns, no single, all-inclusive prescriptive program may be written. The physical activities prescribed should have a dual purpose: to minimize limitations and to focus on the students' capabilities. Most of these students can participate in regular physical education activities if the teacher slightly modifies some teaching strategies. Some of the adapted procedures which apply to the seriously emotionally disturbed may be appropriate.

Visually Handicapped

Visually impaired students have difficulties in highly organized group games, but they can usually show success in modified dual and individual activities. The buddy system may help reduce the need for teaching aides. The curriculum should incorporate development of tactile, auditory, and kinesthetic awareness.

Adapted Procedures

Emphasize tactual and auditory teaching techniques.
Use partners in executing activities.
Provide extra time for activities which enhance balance and body awareness, spatial awareness and gross motor skills.
Slow down moving objects.
Use softer or lighter materials to minimize apprehension.
In running games, use only one direction of travel.
Employ special equipment (audible goal locators, audible balls, guide wires).
Use brightly colored objects (markers, wands, ribbons, hoops).
Limit the size of the playing area.
Use clearly defined play areas.
Use line, chain, or couple formation to allow tactile cues.

Seriously Emotionally Disturbed

These students may be below average in physical skills because their behavior often impedes the learning of physical skills. They also may have problems in group activities due to unsatisfactory personal relationships. Many educators use physical education as a way to improve student performance which may help to develop a more positive self-concept.

Adapted Procedures

Follow a daily routine. Work with other teachers to establish the routine and desired behavior plan.
Highly structure the class.
Provide for consistent treatment of behavior problem and stress immediate positive reinforcement.
Stress fundamentals and fun; decrease emphasis on winning.
Provide activities that are cooperative rather than highly competitive.
Provide activities that allow for self-expression such as dance and creative games.
Provide activities that allow students to work from small groups to progressively larger groups.

Provide opportunities for socialization activities.
Perhaps use a contract teaching strategy with some of these students.

Orthopedically Impaired

Orthopedically impaired students vary in disability and ability depending on the degree of involvement of the muscular and skeletal systems and the length of time of handicap. Students are either ambulatory (walk with or without assistive devices) or non-ambulatory (do not walk—use wheelchair, electric wheelchair, or other mobility device). Most students have had medical therapy for assistive or mobility devices and know the range of their capabilities. Medical advice and background information should lead to recommendations and contraindications for a physical education program. The students may have functional mobility skills, but are usually delayed in social, group interaction, game, and leisure skills. A positive environment for success helps improve the students' self-confidence and willingness to participate.

Adapted Procedures

Be aware of proper positioning techniques that will allow students to make the best possible movement patterns.
Perhaps help students to guide body parts through desired movement patterns, then let students explore movement to find workable patterns.
Allow students, using pre-developed modifications, to progress at their own rate of involvement.
Emphasize good body mechanics (pushing, pulling).
Utilize movement activities within students' range of motion (bend, straighten, circle, shake, rock, twist, stretch).
Utilize sitting, kneeling and other nonstanding balance activities.
Slow down moving objects in small equipment skills—roll the ball, use one bounce, etc.
Substitute accuracy for distance.
Put targets on floor rather than walls.
Try slow rhythm repetitions.
In rhythmic activities substitute rhythmic walking or wheeling for skipping, hopping, etc.
Perhaps try aquatics.

Other Health Impaired

Chronic and acute health problems span a wide range of physical capabilities in relation to physical education programs. A physician's recommendation for level of activity and contraindicated activity is vital to planning appropriately for health impaired students. It is extremely important that the teacher makes sure the students stay within the prescribed limits of exercise and ceases activity when they are showing obvious signs of fatigue (shortness of breath, increased heart rate, muscle fatigue, etc.)

Adapted Procedures

Be aware of proper positioning techniques that will allow students to make the best possible movement patterns.
Perhaps help students to guide body parts through desired movement patterns, then let students explore movement to find workable patterns.
Begin activities at a slow tempo.
Do not sustain vigorous movement.
Throwing and catching skills should be emphasized.

Aquatics are excellent—avoid extreme cold and chilling.
Team games such as volleyball and softball are recommended, but more strenuous games (soccer, basketball) are limited to lead-up activities or as indicated by a physician.
Try quiet recreational games and table activities.

Deaf-Blind

Refer to the information presented for the Hard of Hearing and Deaf, Visually Handicapped and Multihandicapped.

Multihandicapped

Combinations of sensory, emotional, perceptual, mental, neurological, physical and motor handicapping may be present in the multihandicapped students. Because of these conditions, often the students have had few opportunities to participate in physical education. The acquisition of developmental motor skills and group interaction skills often is delayed. Medical guidance is vital in the assessment of students' physical developmental capabilities.

Adapted Procedures

Be aware of proper positioning techniques that will allow students to make the best possible movement patterns.
Perhaps help students to guide body parts through desired movement patterns, then let students explore movement to find workable patterns.
Incorporate individual needs into the regular lessons by a slower, more methodical presentation.
Provide a variety of activities. Students can become satiated doing the same activities time after time.
Provide additional rest periods and, as tolerance improves, increase the time and reduce rest periods.
Utilize lighter equipment (nerf balls, plastic bats, etc.)
Modify small equipment skills and games by sitting or lying down rather than standing, walking or wheeling instead of running, utilizing larger balls, etc.
Utilize water relaxation skills to facilitate movement and relaxation.
Try group and team games with specific modification of team rules.

Specific Learning Disabilities

No two students with learning disabilities exhibit the same strengths and weaknesses. Some students may display certain behaviors, including hyperactive, easily distracted, or disordered behavior; nonspecific awkwardness; poor body image; delay of perceptual motor or sequencing skills; and poor time or spatial awareness. Some students may need a specially designed physical education program to improve motor skills, while others have average strength and motor skills and can participate in regular classes.

Adapted Procedures

Perhaps apply information concerning adapted ideas for educable retarded students to the learning disabled.
Establish and follow a routine.
Decrease the distractions in the instructional environment.
Avoid overstimulation while continuing to encourage.
Emphasize functional perceptual and motor activities.
Emphasize sequence to be followed in each activity.
Provide extra time for activities that enhance balance, body awareness, spatial awareness and gross motor skills.
After students learn new skills, provide opportunities to practice the skills and feel successful performing them.
Provide individual and dual activities to allow for greater success.
Provide situations that allow students to discover how to compensate for their learning disability.

PHYSICAL EDUCATION CURRICULUM

The physical education curriculum must be directed toward achieving the district goals. The curriculum should be a well-planned sequence of learning experiences, grades K through 12. The comprehensive program will have progression within activities, within each grade, and from grade to grade.

Curriculum content should include activities that answer the questions: WHY? WHAT? HOW? Answering WHY? should explain the importance of the activity. Answering WHAT? should help students to determine their own physical activity needs. Answering HOW? should show students ways to meet their present and lifelong physical activity needs. For more information on curriculum, refer to *Physical Education in Oregon Schools,* pages 18-37.

ADAPTED ACTIVITIES

As a rule, activities are selected from those which are most appropriate for various age groups of nonhandicapped students. The difference lies in the application of these activities. The following are ideas for adapting various activities to meet the physical education needs of handicapped students.

Individual Activities

Archery . . . Use lighter bows, rubber tips for arrows, auditory cues on targets; draw targets; shoot from chair; utilize floor brace to stabilize bow; shorten distance to target; have aide to string bows.

Aquatic . . . Drown-proofing; basic skills depending on students' handicap; floats; relaxation skills; lifts to transfer students to and from pool.

Bait-fly casting . . . Place target boards on gym floor or field at various distances; auditory cues on targets; cast while sitting.

Badminton . . . Four players on each side, each playing zone; "hoopbird": played with bird or yarnball; sitting-wheelchair/chair position.

Bicycling . . . Training wheels or lift; tandem; three-wheeler; straps on foot pedals; extension of handles, pedal blocks, toe clips; back support and straps on seat.

Bowling . . . Use plastic "gym-bowl" equipment; plastic detergent bottles or milk cartons; students may bowl from a chair or sit on the floor; roll ball through cardboard tube, box

or down a ramp; shorten lanes, increase distance with skill progression.

Croquet . . . Use plastic mallets and whiffleballs; vary the distance to wickets; allow students to sit; use just the head of the mallet; larger wickets.

Dance . . . Vary depending on abilities of students; most creative and folk square dances may be easily modified.

Fitness . . . Specific exercises; weight training; walking, jogging or running various distances.

Golf . . . Hit plastic practice ball into old tennis or volleyball nets which are faced with burlap; putt on old rug into a can placed on its side, make miniature golf course from odds and ends (rugs, mats, towels); use larger balls; larger "holes"; use whiffle balls; auditory cues in cups; frisbee golf.

Gymnastics . . . Special routine; simple stunts; change height of equipment; move mats to meet needs.

Handball . . . One wall; use partially deflated volleyball, beachball, ball bladder, or smaller playground ball to slow the action of the game.

Horseshoes . . . Rubber shoes or quoits can be used in and out of doors; throw shoes into a box; sitting position.

Rollerskating . . . Use a walker, scooter, classroom chair or even wheelchair for balance, support; carpet squares (without rubber backing) attached to the foot can be used to teach sliding the foot.

Shuffleboard . . . Shorten distance between scoring zones; sitting or lying positions; may use hands to slide puck; larger scoring zones; use only one end of the shuffleboard and shorten distance.

Table tennis . . . Use larger paddles, make small table-size hoop and play as "hoopbird"; place plywood sides on the table so the ball will not bounce off the table as often, if ball hits sides the ball is in play; play on floor like tennis.

Tetherball . . . Sit or stand, punch or kick; make small table-size game with broomstick and small rubber ball in a silk stocking.

Quiet games . . . Hok-hockey, table shuffleboard, pool, darts, bean bag toss games, box soccer, frisbee, peg board checkers.

Tennis . . . Use racketball racket; larger ball; brightly colored ball.

Other Activities to Consider . . . Canoeing
Fishing
Hiking
Skiing

Team Activities

Basketball games . . . Limit movement in the game by playing 21, Around the World, Six Court, Half-Court, Scooter Basketball, Foul Shooting, Barrellball; have students do the foul shooting for both teams. Paint or paper backboards same colors as teams—do not switch baskets; wheelchair basketball; lower basket height; use lighter balls; increase number of trials; utilize lead-up games.

Baseball-Softball games . . . Use light plastic bats; whiffleballs; batting tee; use base runners; two sets of bases (one shorter distance); throw the ball into the field rather than bat it; give student positions that require little movement; use scooter boards; allow hockey stick bat; throw a bean bag; frisbee softball; brightly colored ball.

Kickball . . . Punch or throw the ball rather than kick it; place ball on home plate rather than roll it.

Soccer-Hockey games . . . Reduce size of the goal; use scooter and punch a playground ball; hockey played with old brooms and volleyball; barrelball; wheelchair soccer; assign fixed positions; limit play area; increase size of puck and ball; gym or floor hockey.

Volleyball games . . . Deck tennis, newcomb, use larger soft bladder ball, beachball. Have both teams sit on floor; put net at 4-5 feet height.

Other Group Activities to Consider . . . Cooperation activities
New games
Parachute activities
Student-created games

35

K-12 Performances

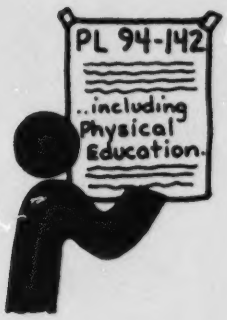
The next step in carrying out the total program is to determine whether the goals are being met. Did the activities work? Were performances what teachers expected? Were the goals and objectives of the IEP met? These and other questions should be answered as objectively as possible.

PERFORMANCE TESTING

The students' skills and abilities were determined in the development of the IEP. One goal of performance testing is to determine student skill improvement. The information given on the initial evaluation is important to both the pre- and post-evaluation. The evaluation tools listed in Appendix G may be used to evaluate students before, during and after instruction.

For more information on performance testing, reporting student performances, teacher performance, program performance, refer to *Physical Education in Oregon Schools,* pages 41-44.

Resources



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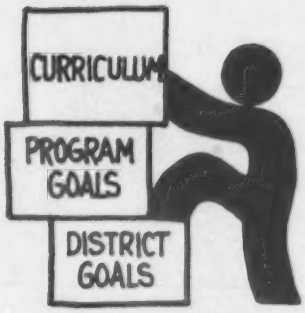

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National Organizations
Serving the Handicapped

Alexander Graham Bell Association
for the Deaf, Inc
1537 30th Street NW
Washington, DC 20007

American Academy for Cerebral Palsy
University Hospital School
Iowa City, IA 52240

American Alliance for Health,
Physical Education, Recreation
and Dance
1900 Association Drive
Reston, VA 22091

American Art Therapy Association
6010 Broad Branch Road NW
Washington, DC 20015

American Association for the Deaf
PO Box 105
Talladega, AL 35160

American Association on
Mental Deficiency
5201 Connecticut Avenue NW
Washington, DC 20016

American Blind Bowling Association
PO Box 306
Louisville, KY 40201

American Camping Association
Bradford Woods
Martinsville, IN 46151

American Cancer Society, Inc
219 E 42nd Street
New York, NY 10017

American Diabetes Association
18 E 48th Street
New York, NY 10017

American Foundation for the Blind
15 W 16th Street
New York, NY 10011

American Heart Association
44 E 23rd Street
New York, NY 10010

American Junior Blind Bowling Association
4244 Heather Road
Long Beach, CA 90808

American Legion
National Child Welfare Division
PO Box 1055
Indianapolis, IN 42206

American Medical Association
535 N Dearborn Street
Chicago, IL 60610

American National Red Cross
17th and D Street NW
Washington, DC 20000

American Occupational Therapy
Association, Inc
251 Park Avenue S
New York, NY 10010

American Physical Therapy Association
1156 15th Street NW
Washington, DC 20005

American Psychiatric Association
1700 18th Street NW
Washington, DC 20009

American Public Health Association, Inc
1015 18th Street NW
Washington, DC 20036

American Wheelchair Bowling Association
Route 2, Box 750
Lutz, FL 33549

Arthritis Foundation
1212 Avenue of the Americas
New York, NY 10036

Arthritis & Rheumatism Foundation
10 Columbus Circle
New York, NY 10019

Association for the Aid of
Crippled Children
345 E 46th Street
New York, NY 10017

Association for Retarded Citizens of the
United States
(National Association for Retarded Children)
2709 Avenue E
Arlington, TX 76010

Bureau of Education for the
Handicapped
U S Office of Education
400 Maryland Avenue SW
Washington, DC 20202

Children's Bureau
Office of Child Development
300 Independence Avenue SW
Washington, DC 20201

The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Epilepsy Foundation of America
733 15th Street NW
Washington, DC 20005

ICD Rehabilitation and Research Center
340 E 24th Street
New York, NY 10010

International Council for Exceptional
Children
1201 16th Street NW
Washington, DC 20006

International Society for
Rehabilitation of the Disabled
219 E 44th Street
New York, NY 10017

Joseph P. Kennedy, Jr. Foundation
719 13th Street NW
Washington, DC 20005

Muscular Dystrophy Association
of America, Inc
1790 Broadway
New York, NY 10019

National Amputation Foundation (Golf)
12-45 150th Street
Whitestone, NY 11357

National Amputee Skiing Association
3738 Walnut Avenue
Carmichael, CA 95608

National Association of the Deaf
1575 Redwood Avenue
Akron, OH 44301

National Association for Mental Health
10 Columbus Circle, Suite 1300
New York, NY 10019

National Association for Music Therapy
PO Box 610
Lawrence, KS 66044

National Cystic Fibrosis Research Foundation
521 5th Avenue
New York, NY 10017

National Easter Seal Society for Crippled Children and Adults
2023 W Ogden Avenue
Chicago, IL 60612

National Education Association
1201 16th Street NW
Washington, DC 20036

National Epilepsy League
203 N Wabash Avenue
Chicago, IL 60601

National Foundation for Asthmatic Children
5601 West Trails End Road
PO Box 5114
Tucson, AZ 85703

National Foundation for Neuromuscular Diseases
250 W 57th Street
New York, NY 10019

National Foundation—March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10695

National Hemophilia Foundation
2[illegible] W 39th Street
New York, NY 10018

National Institute of Health
9000 Rockville Pike
Bethesda, MD 20010

National Kidney Disease Foundation
342 Madison Avenue
New York, NY 10010

National Multiple Sclerosis Society
257 Park Avenue South
New York, NY 10010

National Paraplegia Foundation
33 North Michigan Avenue
Chicago, IL 60601

National Recreation and Park Association Branches:
American Park & Recreation Society
National Therapeutic Recreation Society
Society of Park & Recreation Educators
1601 North Kent Street
Arlington, VA 22209

National Rehabilitation Association
1522 K Street NW
Washington, DC 20005

National Therapeutic Recreation Society
1700 Pennsylvania Avenue NW
Washington, DC 20006

National Track and Field Committee for the Visually Impaired
4244 Heather Road
Long Beach, CA 90808

National Tuberculosis Association
1790 Broadway
New York, NY 10019

National Wheelchair Basketball Association
Rehabilitation-Education Center
University of Illinois
Oak Street and Stadium Drive
Champaign-Urbana, IL 61820

National Wheelchair Athletic Association
40-24 62nd Street
Woodside, NY 11377

President's Committee on Mental Retardation
U S Department of Health and Human Services HHH Building,
200 Independence Avenue SW
Washington, DC 20201

Special Olympics, Inc
1701 K Street NW
Washington, DC 20006

United Cerebral Palsy Association
U S Department of Education
FOB-6 400 Maryland Avenue SW
Washington, DC 20202

U S Department of Education
FOB-6, 400 Maryland Avenue SW
Washington, DC 20202

Veterans Administration Central Office
Washington, DC 20420

Appendixes

APPENDICES

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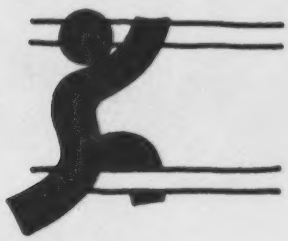
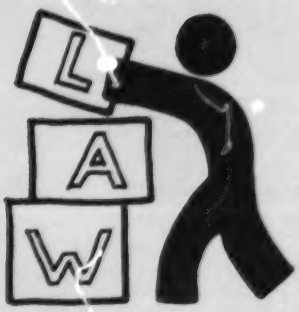




APPENDIX A

LAWS

Subpart D Section 504 of the Rehabilitation Act of 1973 (PL 93-112)

Subpart D—Preschool, Elementary, and Secondary Education

§84.31 Application of this subpart

Subpart D applies to preschool, elementary, secondary, and adult education programs and activities that receive or benefit from federal financial assistance and to recipients that operate, or that receive or benefit from federal financial assistance for the operation of, such programs or activities.

§84.32 Location and notification

A recipient that operates a public elementary or secondary education program shall annually:
(a) Undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction who is not receiving a public education;

(b) Take appropriate steps to notify handicapped persons and their parents or guardians of the recipient's duty under this subpart.

§84.33 Free appropriate public education

(a) General. A recipient that operates a public elementary or secondary education program shall provide a free appropriate public education to each qualified handicapped person who is in the recipient's jurisdiction, regardless of the nature or severity of the person's handicap.

(b) Appropriate education. (1) For the purpose of this subpart, the provision of an appropriate education is the provision of regular or special education and related aids and services that (i) are designed to meet individual educational needs of handicapped persons as adequately as the needs of nonhandicapped persons are met and (ii) are based upon adherence to procedures that satisfy the requirements of §§84.34, 84.35, and 84.36. . . .

(c) Free education—(1) General . . .
(2) Transportation . . .
(3) Residential placement . . .
(4) Placement of handicapped persons by parents . . .

(d) Compliance . . .

§84.34 Educational setting

(a) Academic setting . . .

(b) Nonacademic setting . . .
(c) Comparable facilities . . .

§84.35 Evaluation and placement

(a) Preplacement evaluation . . .
(b) Evaluation procedures . . .
(c) Placement procedures . . .
(d) Reevaluation . . .

§84.36 Procedural Safeguards . . .

§84.37 Nonacademic services

(a) General . . .
(b) Counseling services . . .
(c) Physical education and athletics.

(1) In providing physical education courses and athletics and similar programs and activities to any of its students, a recipient to which this subpart applies may not discriminate on the basis of handicap. A recipient that offers physical education courses or that operates or sponsors interscholastic, club, or intramural athletics shall provide to qualified handicapped students an equal opportunity for participation in these activities.

(2) A recipient may offer to handicapped students physical education and athletic activities that are separate or different from those offered to nonhandicapped students only if separation or differentiation is consistent with the requirements of §84.34 and only if no qualified handicapped student is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

§84.38 Preschool and adult education programs.

§84.39 Private education programs.

Education for All Handicapped Children Act of 1975 (PL 94-142)

Section 121a307 states that:

A. *Physical education services, specifically designed if necessary, must be made available to every handicapped child receiving a free appropriate public education.* Further that

B. *Each handicapped child must be afforded the opportunity to participate in the regular physical education program available to nonhandicapped children unless:*

(1) The child is enrolled full time in a separate facility; or

(2) The child needs specially designed physical education, as prescribed in the child's individualized education program.

C. *And if specially designed physical education is prescribed in a child's individualized education program, the public agency responsible for the education of that child shall provide the services directly or make arrangements for it to be provided through other public or private programs.*

D. *The public agency responsible for the education of a handicapped child enrolled who is full time in a separate facility shall insure that the child receives appropriate physical education service in compliance with paragraphs (A) and (C) of this section.*

The effect of this law on physical education programs may become understandable with awareness of the definitions used in the law.

As used in the law, *Handicapped Children* means *those children evaluated in accordance with Sections 121a.530-121a.534 as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multihandicapped or as having specific learning disabilities [in Oregon also "individuals who are pregnant"], who because of those impairments need special education and related services.*

Physical Education is defined as *the development of*

Physical and motor fitness;

Fundamental motor skills and patterns; and

Skills in aquatics, dance and individual and group games and sports (including intramural and lifetime sports).

The term includes special physical education, adapted physical education, movement education and motor development.

Applying the Regulation

The actual compliance process requires that each child will have an individualized education program. The individualized education program (IEP) for each child must include:

A statement of the child's present levels of education performance;

A statement of annual goals, including short term instructional objectives;

A statement of the specific education and related services which are needed to be provided to the child, and the extent to which the child will be able to participate in regular education programs;

The projected dates for initiation of services and the anticipated duration of the services; and

Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.

Physical Education IEP

If a child requires a special physical education program, an individualized education program (IEP) must be developed. An IEP is a written statement that states the child's present level of fundamental training and the type of program needed to achieve specified goals.

The following individuals must take part in individual planning conferences:

Representatives of the public agency (not the child's teacher)

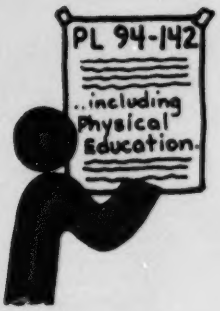
The child's teacher

The child's parent(s) or guardian(s)

The child when appropriate

Other individuals at the discretion of the parent or agency

Physical education is a defined part of the handicapped law and the IEPs must include an appropriate program in order to be in compliance with PL 94-142. Children for whom no specially designed physical education program is needed, however, do not require identification of physical education in their IEPs. Whether included in the IEP or not, IEP planning committees are expected to review motor, physical movement and fitness needs of each child to determine whether specially designed physical education programs are required. It is, therefore, essential that physical educators initiate their active involvement in the writing of IEPs which address the issue of physical education.



APPENDIX B

HANDICAPPING CONDITIONS

Statutory Authority: ORS 343.055

581-15-005 Definitions

The following definitions apply to Oregon Administrative Rules 581-15-015 through 581-15-201, unless the context requires otherwise:

. . .(5) "Handicapped children" includes children who require special education in order to obtain the education of which they are capable, because of mental, physical, emotional or learning problems. These groups include, but are not limited to those categories that traditionally have been designated: mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, children with specific learning disabilities, and individuals who are pregnant.

(a) "Deaf" means a hearing impairment which is so severe that the child's hearing, with amplified sound, is nonfunctional for the purposes of educational performance.

(b) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that the child cannot be accommodated in special education programs designed solely for deaf or blind children.

(c) "Hard of hearing" means a hearing condition, which is functional with or without amplified sound, and adversely affects a child's educational performance.

(d) "Mental retardation" refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period:

(A) Educable mentally retarded means a child:

(i) Who has mild retardation,

(ii) Whose intelligence test score ranges between 2 and 3 standard deviations below the norm on a standardized individual test, and

(iii) Who fully meets eligibility criteria under OAR 581-15-051 (7).

The approved cost of special education programs for educable mentally retarded children will be reimbursed from the Oregon Department of Education under provisions of OAR 581-15-046.

(B) Trainable mentally retarded means a child:

(i) Who has a moderate, severe, or profound level of mental retardation,

(ii) Whose intelligence test score is 3 standard deviations below the mean on a standardized individual test, and

(iii) Who fully meets eligibility criteria under OAR 581-15-051(7).

The approved excess cost of special education programs for trainable retarded children will be reimbursed from the Oregon Mental Health Division under provisions of ORS 430.780.

(e) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired), the combination of which causes such severe educational problems that the child cannot be accommodated in special education programs solely for one of the impairments. The term does not include children who are deaf-blind.

(f) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot or absence of some member), impairments caused by disease (e.g., poliomyelitis or bone tuberculosis) and impairments from other causes (e.g., fractures or burns which cause contractures, amputation or cerebral palsy).

(g) "Other health impaired" means limited strength, vitality, or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

(h) "Seriously emotionally disturbed" means an emotional problem which affects a child's educational performance to the extent that the child cannot make satisfactory progress in the regular school program. The seriously emotionally disturbed child exhibits one or more of the following characteristics over an extended period of time and to a marked degree:

(A) An inability to learn at a rate commensurate with the child's intellectual, sensory-motor, and physical development;

(B) An inability to establish or maintain satisfactory interpersonal relationships with peers, parents, or teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

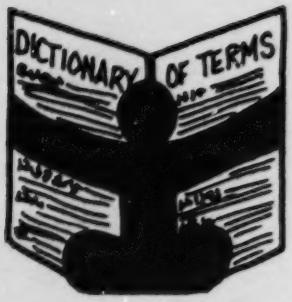
(D) A variety of excessive behaviors ranging from hyperactive, impulsive responses to depression and withdrawal; or

(E) A tendency to develop physical symptoms, pains, or fears associated with personal, social, or school problems.

(i) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Children with a specific learning disability are unable to profit from regular classroom methods and materials without special educational help, and are, or will become, extreme underachievers. These deficits may be exhibited in mild to severe difficulties with perception (the ability to attach meaning to sensory stimuli), conceptualization, language, memory, motor skills, or control of attention. Specific learning disability includes such conditions as perceptual handicaps, brain injury, dyslexia, minimal brain dysfunction, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage.

(j) "Speech impaired" means a communication disorder, such as a language impairment, stuttering, impaired articulation, or a voice impairment, which adversely affects a child's educational performance.

(k) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes those children who are partially sighted or blind. . . .



APPENDIX C

DEFINITIONS

Evaluation*: Procedures used to determine whether a child is handicapped and to determine the nature and extent of the special education services that the child needs. The term means procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class. (45 CFR 121a.500)[1]

Identification: Determining whether a child is handicapped according to the minimum criteria outlined in Oregon Administrative Rule 581-15-051. A change in identification means that (1) a child is found to be handicapped, (2) a handicapped child is found to meet criteria for a handicapping condition different than that for which the child was identified originally, or (3) a child who had been identified as handicapped is found to be handicapped no longer.[1]

Initial Placement: The first time a child is provided with any special education services.[1]

Placement: Refers to those special education and related services which are listed on the child's Individualized Education Program (IEP).[1]

Written Parental Consent: Written parental consent means that (a) the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language, or other mode of communication; (b) the parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom; and (c) the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. (45 CFR 121a.500).[1]

Written Prior Notice: A written statement to parents describing the proposed action and providing an explanation of parental rights. The circumstances requiring written prior notice and the required content of that notice are specified by law and are described in this paper.[1]

Annual Goal: A statement describing what the student is expected to know or be able to do by the one year anniversary date of the IEP meeting. Annual goals identify areas which special education services will address. They provide direction for instructional planning and they focus on broad areas of concern.

The definition of short-term objective includes examples which demonstrate the relationship between annual goals and short-term objectives.[2]

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*This definition is specific to PL 94-142 and related Oregon laws and regulations. It is not consistent with the definition established by the Educational Program Audit Division of the Oregon Department of Education for use in regular education programs.

[1]Definitions denoted by a "1" are from *Technical Assistance Paper # 1*, Revised Edition (Salem: Oregon Department of Education, 1980)

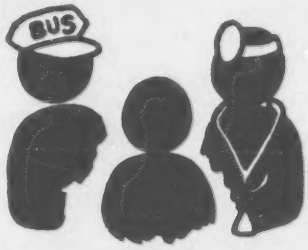
[2]Definitions denoted by a "2" are from *Technical Assistance Paper #2* (Salem: Oregon Department of Education, 1979)

CFR Comment: Explanations of PL 94-142 which are quoted from the Code of Federal Regulations. The comments are not part of the regulations but help to interpret them.[2]

Handicapped Children: As defined by PL 94-142, means those children evaluated according to the regulations (45 CFR Part 121a.530-534) and found to be mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multihandicapped, or to have specific learning disabilities, who because of these impairments need special education and related services. OAR 581-15-051 describes the criteria for eligibility for special education services.[2]

Individualized Education Program (IEP): A written educational plan which is developed and implemented for each handicapped child according to the federal and state requirements outlined in this paper.[2]

Related Services: OAR 581-15-005 defines the term to include "transportation; and such developmental, corrective and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, special equipment, reader services, volunteer services to enhance special educational programs, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes early identification and assessment of handicapping conditions in children." Note: Oregon law, unlike PL 94-142, does not distinguish between special education and related services. Rather, all related services are considered part of special education.[2]



Short-Term Objectives: A short-term objective is a statement in the IEP describing *what the student is expected to know or be able to do* as an intermediate step toward the annual goal. The IEP is not a lesson plan; a statement of strategies and materials is not required content. It is assumed that teaching will be based on lesson plans or a curriculum, including strategies, materials, and/or learning sequences, all of which relate to the IEP objective(s). The law requires that the IEP include appropriate objectives, criteria, evaluation procedures and schedules for determining, on at least an annual basis, whether short-term instructional objectives are being achieved. The schedule could be written into the child's IEP as a schedule for reviewing student progress in acquiring the skills necessary to meet the objectives or it could be simply a specific date by which the objectives will be met.[2]

Special Education: As defined by OAR 581-15-005, special education is "specially designed instruction to meet the unique needs of a handicapped child, including regular classroom instruction, instruction in physical education, home instruction, related services, and instruction in hospitals, institutions and special schools."[2]

APPENDIX D*
PARENT RIGHTS

School District
Address
City, Oregon ZIP
(503) Phone

PARENTS RIGHTS IN IDENTIFICATION, EVALUATION AND PLACEMENT
Please Keep This Explanation For Future Reference

The following is an explanation of your rights according to federal and state rules and regulations (45 CFR 121a.500, ORS 343.163, ORS 343.173 and OAR 581-15-075). The intent of these rules and regulations is to keep you fully informed concerning my decision about your child, as well as your rights should you disagree with the decision.

1. *Right to inspect and review your child's records*

   You have the right to inspect and review all educational records with respect to the identification, evaluation, individualized educational plan, and educational placement of your child, and the provision of a free appropriate public education to your child. You also have a right to a response from the school district to reasonable requests for explanations and interpretations of your child's records. You have a right to request that the school district provide copies of the records at a reasonable cost unless the fee would effectively prevent you from exercising the right to inspect and review the records in which case the copies shall be provided without cost to you. You have a right to have your representative inspect and review your child's records.

2. *Right to obtain an independent evaluation*

   If you disagree with the identification, evaluation, individualized education plan, placement, or the provision of a free appropriate education to your child, you may request that an independent educational evaluation be made pursuant to OAR 581-15-094. You also have the right to request from the school district information about where an independent educational evaluation may be obtained.

3. *Right to refuse consent for preplacement evaluation*

   You can deny permission for your child to be tested for initial placement in special education.

4. *Right to refuse consent for initial placement of your child in a program providing special education and related services*

5. *Right to ask for an impartial due process hearing*

   If you disagree with the school's actions at any point concerning the identification, evaluation, individualized education plan, or educational placement of your child, or the provision of a free appropriate public education to your child, you have the right to request a hearing. If you desire a hearing, you must notify the school district in writing within 20 days of the date the prior notice was mailed to you. The school district will inform you of any free or low cost legal and other relevant services available in the area if you request it or if either you or the school district initiates a hearing.

6. *Right to request a list of the types and locations of educational records collected, maintained or used by the school district*

7. *Right to request that your child's records be changed*

   You have the right to request amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in

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* *Technical Assistance Paper # 1, Revised Edition* (Salem: Oregon Department of Education, 1980)

violation of the privacy or other rights of your child. If the school district refuses this request for amendment, it shall notify you within a reasonable time, not to exceed 30 days, and advise you of your right to a hearing to challenge information in the records.

8. *Right to refuse consent for the use of your child's records*

   You have the right to refuse consent for the disclosure of personally identifiable information related to your child to anyone other than school officials or person acting in an official capacity for the school district collecting or using the information. You also have the right to refuse consent for the use of personally identifiable information related to your child for any purpose other than the identification, evaluation, individualized educational plan or educational placement of your child, or the provision of a free appropriate public education to your child.

9. *Right to request the destruction of your child's records*

   You have the right to request the destruction of personally identifiable information collected, maintained, or used by the school district for special education when it is determined by the school district to be no longer needed to provide educational services to your child. However, the required contents of the permanent record must be retained in accordance with the provisions of OAR 581-22-717.

APPENDIX E*
PARENTAL NOTICE

School District
Address
City, Oregon ZIP
(503) Phone

PRIOR NOTICE AND PARENTAL CONSENT FOR EVALUATION
(as required by OAR 581-15-075, OAR 581-15-039 and OAR 581-21-030)

Dear _____,
This is to inform you that your child, _____ is being referred for individual testing which will help us in your child's educational planning. Following is a description of any records, reports, or previously administered tests which were used as a basis for recommending this evaluation:

_____

_____

Following is a description of any options the school district considered and the reasons why those options were rejected:

_____

_____

The evaluation procedures and/or tests will include the following:

Intelligence _____
Communication _____
Physical _____
Behavior _____
Academic _____
Vocational _____
Other _____

Following is a description of any other factors which are relevant to the proposed testing:

_____

_____

An explanation of your rights regarding the identification, evaluation and placement of your child according to OAR 581-15-075 is attached.

Since OAR 581-15-039 and/or OAR 581-21-030 require that the district receive written consent before proceeding with testing, please sign this permission form and return it as soon as possible. If you have any questions, please feel free to contact me.

_____ _____
Name/Title Date

I understand the above described individual testing or other evaluation. I have received a copy of my rights. I also understand that the granting of consent is voluntary and may be revoked at any time.

____Consent is given to conduct an evaluation.

____Consent is denied to conduct an evaluation.

_____ _____
Parent/Guardian Date

* *Technical Assistance Paper #1, Revised Edition* (Salem: Oregon Department of Education, 1980)

APPENDIX F

TESTING CONCERNS

1. KNOW—the purpose of the test, the applicability of it to the population or individual involved

2. STATISTICS—responsible testing authorities have proved that it is valid, reliable and objective

3. ADMINISTRATION—feasibility of time, equipment and facilities, techniques for administering test

4. COST—amount and type of necessary supplies and equipment; ease of equipment transportation

5. PROCEDURES—skills and activities developmentally sequenced from simple to complex which differentiate ability from disability; procedures for interpretation of results

6. STANDARDIZATION—conditions of standardization or norms; specific directions of test administration may be inappropriate and therefore prevent comprehension; it is permissible to alter communication medium, but such alterations may produce altered results as well

7. PL 94-142—applicable regulations to testing:*

§121a.504 Prior notice; parent consent

(b) Consent.
(1) Parental consent must be obtained before:
(i) Conducting a preplacement evaluation; and
(ii) Initial placement of a handicapped child in a program providing special education and related services.

§121a.532 Evaluation Procedures

State and local educational agencies shall insure at a minimum, that:

(a) Tests and other evaluation materials:
(1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;
(2) Have been validated for the specific purpose for which they are used; and
(3) Are administered by trained personnel in conformance with the instructions provided by their producer;
(b) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;
(c) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure);
(d) No single procedure is used as the sole criterion for determining an appropriate educational program for a child....

---

*U S Department of Health, Education and Welfare. "Education of Handicapped Children: Implementation of Part B of Education of the Handicapped Act," *Federal Register* Vol. 42 No. 163 (Washington, DC: U S Government Printing Office, 1977) pp. 42495, 42496, 42497

APPENDIX G

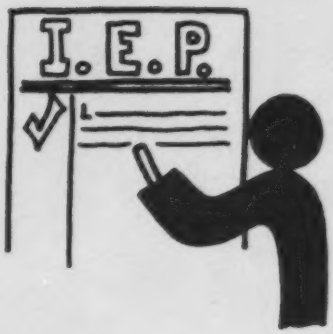
EVALUATION TOOLS

Some appropriate evaluation tools are listed below. For a more complete list and description of what is measured, how it is measured, etc., refer to books and materials listed in Resources Section of this book.

AAHPERD - Health-Related Fitness Test
AAHPERD - Youth Fitness Test
Bruininks - Oseretsky Tests of Motor Proficiency
CCD Developmental Progress Scale
Denver Developmental Screening Test
Fleishman's Factor Analytic Catalog of Fitness
Gessel Developmental Kit
I CAN Program
Kraus-Weber Strength Test
Move-Grow-Learn Movement Skills Survey
Ohio State University Scale of Intra-Gross Motor Assessment (OSU Sigma)
Purdue Perceptual Motor Survey
Special Fitness Test Manual for the Mentally Retarded (AAHPERD)
Teaching Research Motor-Development Scale
Wetzel Grid

APPENDIX H

IEP DEVELOPMENT FORMS



Checklist of Minimum Requirements

Notification of IEP Meeting

Prior Notice & Placement

Prior Notice for Re-Evaluation

CHECKLIST OF MINIMUM REQUIREMENTS

STEPS IN IEP DEVELOPMENT, IMPLEMENTATION AND REVIEW*

The federal and state requirements noted are presented here in a chronological checklist. Districts may choose to add additional procedures to meet their own circumstances, but the steps outlined here must be included. Districts may use the checklist in assigning responsibility for tasks, as an overall district guideline, as an individual student checklist, or in other ways.

Requirement/Task	Person Responsible

Note: An IEP must be written before special education is provided to a handicapped child.

1. Schedule a meeting to develop an IEP within 30 days of determining the child's eligibility and need for special education.
2. Invite the following participants to the IEP meeting:
   - ____a. the child's teacher,
   - ____b. a representative of the district, other than the teacher, who is qualified to provide or supervise special education,
   - ____c. the parents (Note: See next step for description of notification to parents),
   - ____d. the child, where appropriate,
   - ____e. for the child who is evaluated for the first time, someone who is knowledgeable about the evaluation procedures and results. (Note: This could be the teacher or district representative.)
   - ____ f. others at the discretion of the parents or school.
3. Notify the parent(s) in writing and indicate the:
   - ____a. purpose,
   - ____b. time,
   - ____c. location, and
   - ____d. who will attend the meeting. (Note: Parents must be notified early enough to insure that they can attend and have an opportunity to agree on the time and place.)
4. If the school is unable to convince the parent to attend the IEP meeting, the district may conduct the meeting without the parent.

Technical Assistance Paper #2 (Salem: Oregon Department of Education, 1979)

In this case, the school must have a record of its attempts to arrange a mutually agreed upon time and place such as:

____a. detailed records of phone calls made or attempted and the results,
____b. copies of correspondence sent to the parents and any responses,
____c. detailed records of visits to parent's home or place of employment and the results.

5. If neither parent can attend the IEP meeting in person, use other means to insure parent participation in IEP development, including, but not limited to, individual or conference telephone calls or home visits.

6. Develop the IEP in a meeting to include:

____a. a statement of present levels of performance,
____b. a statement of annual goals,
____c. a statement of short-term instructional objectives,
____d. a statement of specific special education and related services to be provided.
____e. extent of participation in regular programs,
____f. projected date(s) for initiation of services, and the anticipated duration of services,
____g. objective criteria, evaluation procedures and schedules for determining at least annually, whether short-term instructional objectives are being met.

7. Insure that the parent(s) understands the proceedings at the meeting including arranging for an interpreter for parents who are deaf or whose native langauge is other than Engish.

8. Give the parent(s) a copy of the IEP upon request.

9. Give the parent(s) Written Prior Notice including a statement of parent rights before initial placement, or before changing or refusing to change the child's identification or placement, or before changing or refusing to change the provison of a free appropriate public education to the child.

10. Obtain Written Parental Consent before initial placement of a handicapped child in a program providing special education and related services. (Note: The Written Prior Notice and Written Parental Consent may be combined into a single form.)

11. Implement the IEP as soon as possible following the IEP meeting. (Note: This means immediately following the IEP meeting unless the meeting occurred during the summer or a vacation period, or where there are circumstances, such as working out transportation arrangements, which require a short delay (CRF Comment Part 121a.342).)

12. Conduct a meeting to review and revise as appropriate the child's IEP at least once a year. This could be on the anniversary date of the last IEP meeting or some earlier date. Complete steps 2-8, and 11 on the checklist. Step 9, Written Prior Notice, is required if a change in identification or placement is proposed or refused, or before changing or refusing to change the provision of a free appropriate public education to the child.

13. Insure that an IEP is in effect for each handicapped child who is receiving special education and that it is in effect at the beginning of each school year.

School District
Address
City, Oregon ZIP
(503) Phone

NOTIFICATION TO PARENTS

OF INDIVIDUALIZED EDUCATION PROGRAM MEETING*

Dear _____ ,

We have been conducting an education ☐ evaluation ☐ review of your child,

_____ , in order to better plan for his/her educational needs.
(full name)

We have completed the ☐ testing ☐ review and would like to meet with you to explain our findings and to develop an individual education program (IEP) for your child. We would like you to be a part of this planning.

Those attending the meeting will include:

_____ _____

_____ _____

The meeting will be held on (date) _____ , at (time) _____ , at (location) _____ . If you are unable to attend the meeting, please contact me as soon as possible so that we can arrange a mutually convenient time and place.

Sincerely,

_____
Name/Title

_____
Date

* *Technical Assistance Paper #2* (Salem: Oregon Department of Education, 1979)

School District
Address
City, Oregon ZIP
(503) Phone

PRIOR NOTICE AND PARENTAL CONSENT FOR INITIAL PLACEMENT IN SPECIAL EDUCATION*
(as required by OAR 581-15-075, and OAR 581-15-039)

Dear _____ ,

Following evaluation, your child _____ , has been found eligible to receive special education and related services as described in your child's Individualized Education Plan (IEP). The reasons for the proposed services are as follows: _____

_____

_____

The following was used as a basis for the proposed services:

Tests/Records/Reports	Date	Tests/Records/Reports	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Following is a description of any placement options considered and reasons why those were rejected:

_____

_____

Following is a description of any other factors which are relevant to the proposed placement:

_____

_____

An explanation of your rights regarding the identification, evaluation, and placement of your child according to OAR 581-15-075 is attached.

Since OAR 581-15-039 requires that the district receive your written consent prior to your child's initial placement in special education, please sign this consent form and return it as soon as possible. If you have questions, please feel free to contact me.

_____ _____
Name/Title Date

I have received a copy of my child's Individualized Education Plan (IEP), and I understand the described services and recommended placement. I understand that the granting of my consent is voluntary and may be revoked at any time.

____ I consent to the placement of my child as described in the IEP.

____ I do not consent to the placement of my child as described in the IEP.

_____ _____
Parent/Guardian Date

*_Technical Assistance Paper # 1, Revised Edition_ (Salem: Oregon Department of Education, 1980)

C4

School District
Address
City, Oregon ZIP
(503) Phone

PRIOR NOTICE FOR RE-EVALUATION*
(as required by OAR 581-15-075)

Dear _____ ,

The school district would like to inform you that we are planning to conduct an educational re-evaluation of your child, _____ .

This re-evaluation:

___ is the three year re-evaluation required by OAR 581-15-074; or

___ has been requested by you; or

___ has been requested based on the following reasons, including the following records, reports, or previously administered tests: _____

_____

_____

_____

_____

Following is a description of any options the district has considered and the reasons why those options were rejected: _____

_____

_____

Following is a description of any other factors which are relevant to the proposed testing:

_____

_____

_____

_____

An explanation of your rights, regarding the identification, evaluation and placement of your child according to OAR 581-15-075 is attached.

_____ _____
Name/Title Date

NOTE: Written Parental Consent is required whenever a student is given an individual intelligence test or a test of personality. Use the PRIOR NOTICE AND PARENTAL CONSENT FOR EVALUATION form whenever re-evaluation includes these types of tests.

* *Technical Assistance Paper # 1, Revised Edition* (Salem: Oregon Department of Education, 1980)

APPENDIX I
SAMPLE IEP

School District
Address
City, Oregon ZIP
(503) Phone

INDIVIDUALIZED EDUCATION PROGRAM

John David Doe
Full Legal Name

September 1, 1981
Date Special Education Eligibility (Re) Established

September 15, 1981
Date of IEP Meeting

August 30, 1982
Projected Date of IEP Annual Review

PARTICIPANTS IN IEP MEETING

Mary Jones **Child's Teacher/Title**	John Doe **Child, Where Appropriate**
F.B. Smith, Director **District Representative/Title**	Special Education **Other/Title**
Mr. & Mrs. J.J. Doe **Parent(s)**	 **Other/Title**

SPECIAL EDUCATION SERVICES TO BE PROVIDED

Services	Least Restrictive Environment	Projected Dates of Initiation	Anticipated Duration of Services
☐ Specially designed reading			
☐ Specially designed math			
☐ Specially designed spelling			
☐ Specially designed language arts			
☒ Specially designed P.E.	Special class & regular	10/1/81	8 mo.
☐ Speech pathology			
☐ Specially Designed Vocational Education			
☐ Other,			
☐ Other,			

RELATED SERVICES TO BE PROVIDED

Services	Projected Dates of Initiation	Anticipated Duration of Services
☐ Transportation		
☐ Speech Pathology		
☐ Audiology		
☐ Psychological Services		
☒ Physical Therapy	11/1/81	7 mo.
☒ Occupational Therapy	1/10/82	6 mo.
☐ Special Equipment		
☐ Reader Services		
☐ Volunteer Services		
☐ Recreation		
☐ Counseling Services		
☐ Other,		
☐ Other,		

EXTENT OF PARTICIPATION IN REGULAR PROGRAMS
(including nonacademic settings)

100% except for physical education which will be 40% (2 days a week)

ATTENDS ATTENDANCE AREA SCHOOL X **YES** ____ **NO**

(If no, explain) ____

PHYSICAL EDUCATION

Regular P.E. ☐ **YES** ☐ **NO**

Specially Designed P.E. ☒ **YES** ☐ **NO**

P.E. Requirement Completed ☐ **YES** ☐ **NO**

Name John D. Doe Page 2 of 2

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE IN (area) Physical Education
Through evaluation, deficiencies were found in physical fitness.

ANNUAL GOAL: To improve cardiovascular fitness.

SHORT TERM OBJECTIVE(S)	CRITERIA	EVALUATION PROCEDURE(S)	SCHEDULE(S)
1. To complete 600 yard walk-run	50 percentile age norm	Applied performance	Review progress Dec, Feb, Apr, June
2. To swim 100 meters	100%	Applied performance	Review progress Dec, Feb, Apr, June

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE IN (area) Physical Education
Through evaluation, deficiencies were found in physical fitness.

ANNUAL GOAL: To improve strength fitness.

SHORT TERM OBJECTIVE(S)	CRITERIA	EVALUATION PROCEDURE(S)	SCHEDULE(S)
1. To leg lift 50 pounds	8 out of 10 times	Applied performance	Review progress for items 1 & 2 at end of each quarter.
2. To bench press 30 pounds	90%	Applied performance	

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE IN (area) Physical education
Through evaluation, deficiencies were found in motor skills. Weaknesses were noted in the skills of throwing, catching and hitting.

ANNUAL GOAL: To improve motor skills.

SHORT TERM OBJECTIVE(S)	CRITERIA	EVALUATION PROCEDURE(S)	SCHEDULE(S)
1. To throw object	80%	Accuracy throw	Review of skills for items 1, 2 and 3
2. To catch object	80%	Catching accuracy	
3. To hit object	8 out of 10 times	Applied performance	Dec, Feb, Apr, June

APPENDIX J
REQUEST FOR RECOMMENDATIONS

This Request for Recommendations is an ILLUSTRATION ONLY, provided as a SUGGESTION.

The purpose of the form is to communicate physical needs of students and make recommendations regarding the best ways to meet those needs. Parents, nurses, physicians or physical education teachers may use the form.

Each district or school may need to determine what is the best use of this form, change it or develop another form which may meet their needs.

Under PL 94-142, districts may not deny physical education to any handicapped students.

ILLUSTRATION

REQUEST FOR RECOMMENDATIONS ON PHYSICAL ACTIVITY IN PHYSICAL EDUCATION

DATE _____

TO _____ (name) _____ (title)

FROM _____ (name) _____ (title)

_____ (address) _____ (phone)

We request that _____ (student name) of _____ (school name)

school be placed in an (circle one) adaptive, restricted, remedial or corrective physical education program. The reasons and recommendations for this request are given below.

Nature of Disability: _____

_____

Recommendations: check (✓) those activities the student MAY participate in.

LIMITED ACTIVITY	NORMAL ACTIVITY
___Corrective Exercises	___All Activities
___Light Calisthenics	___Vigorous Calisthenics
___Selected Weight Training	___Weight Training
___Walking	___Jogging
___Light Running	___Relays
___Light Swimming	___Swimming
___Selected Recreational Games	___Gymnastics & Tumbling
___Archery	___Badminton & Tennis
___Horseshoes	___Soccer, Speedball, Hockey
___Throwing & Catching	___Softball
___Free Throw Shooting	___Basketball
___Golf	___Volleyball
___Bowling	___Football Tag or Flag
	___Rhythms

Special suggestions/recommendations: _____

_____

This recommendation is valid until appropriate (medical and/or school) testing procedures indicate student is able to perform normal activities and therefore able to be in regular program.

Comments: _____

_____

APPENDIX K

ADAPTED EQUIPMENT AND SUPPLIES*

Items listed are examples of equipment and supplies which have been used in adapted physical education. Careful review may reveal that many of them already exist in school supplies. Many of the special pieces are designed for corrective, remedial, or developmental aspects of the curriculum.

Permanent Installation

Axial Resistance Exerciser
Black-Out Curtains
Built-In Bookcases
Bulletin Boards
Climbing Ropes
Horizontal Ladder
Lattissimus Doris Exercise
Mat Hooks
Mirrors (full length) and/or Three-Ways
Multi-Station Gym Unit
Peg Boards
Plynth (exercise mat, wheelchair height)
Rotary Wrist Machine
Shelves and Racks for Storage
Shoulder Abduction Ladder
Shoulder Wheel
Stall Bars
Still Rings
Treadmill
Wall Horizontal Bar (adjustable)
Wall Parallel Bar
Wall and/or Floor Pulleys (duplex, triplex, chest)
Whirlpool
Wrestling Wheel
Wrist Circumductor
Wrist Pulley
Wrist Roll and/or Wrist Roll Pulley

Resistance Training and Remedial Equipment

Ankle and Leg Exerciser
Barbells
Calipers
Chest and Back Pulleys
Cuffs (ankle, thigh, wrist)
Dry Spirometer
Dumbbells
Dumbbell Racks
Dynamometer (hand, back-leg)
Exer-Ball
Exercise Boots
Exer-Genie
Expansion Springs (hand, grip, chest)
Fat Calipers
Foot Inversion Tread
Goniometer
Heel Stretcher
Hip Circumductor
Incline Abdominal Board
Isometric Apparatus
Leg Press Machine or Bar
Medicine Balls (assorted weights and sizes)
Medicine Ball Rack
Press Benches
Punching Bag
Quad Boots
Quadriceps-Hamstring (NK) Units
Standing Frame
Straps (head, shoulder, scapula)
Tensiometer
Tension Handgrips
Weight and Barbell Storage Racks
Weights (assorted sizes)
Weight Jackets
Weight Sandbags
Weighted Shoes and/or Insoles

*Selected items from Information and Research Utilization Center, *Adapted P.E. Guidelines: Theory & Practice for the 70's and 80's* (Washington, DC: AAHPER, 1976)

89

Recreational Games

Air Gun
Bean Bag Games
Bowling Game Sets
Bicycles
Casting Equipment
Croquet Sets
Dart Games
Deck Tennis
Hockey Sets
Horseshoes (rubber, regular)
Roller Skates
Scoop Ball Sets
Shuffleboard
Quoits
Table Tennis
Tee Ball
Tetherball (regular, miniature, table)
Tricycles
Twister

In most instances the handicapped students capable of participating in archery, badminton, golf, tennis, volleyball, and similar recreational activities should be scheduled for a regular class.

Gymnastic Equipment

Balance Beam (adjustable)
Horizontal Bar and Ladder Horse
Low Parallel Bars
Mats
Mini-Tramp
Parallel Bars
Spotting Belts
Turning Bar
Vaulting Box

Gymnastic equipment is used for specific purposes with individual students in adapted physical education. Handicapped students capable of participating in most gymnastic activities should be scheduled for a regular class.

Audiovisual Materials

Camera
Movie Camera
Movie Projector
Overhead Projector
Phonograph
Phonograph Records
Slide Projector
Tape Recorder
Videotape Recorders and Vie vers

Obviously these items do not have to be reserved exclusively for use in adapted physical education. However, they need to be available on a regular basis.

NOTE: If cameras are used for photographing students, parental permission should be on file for such purposes.

Miscellaneous

Anatomical and Physiological Charts of Body Systems
Assorted Books and Periodicals
Balance Boards
Balloons
Cage Balls
Cones
Exercise Tables
Exercycles and/or Bicycle Exercisers
File Cabinets
Foot Slantboard
Grid Posture Screen and Evaluation Kit
Gym Scooters
Indian Clubs
Jump Ropes
Mats
Metronome
Restorators
Reaction Timers
Rowing Machines
Stilts
Scales
Stall Bar Be ches
Stop Watches
Timers
Wands

Adapted Physical Education in Oregon Schools

YOUR VIEWS ARE IMPORTANT! After you read and examine this publication, please forward your comments to the publications staff of the Oregon Department of Education. If you would rather talk by telephone, call us at 378-8274. Or, for your convenience, this response form is provided.

PLEASE RESPOND so that your views can be considered as we plan future publications. Simply cut out the form, fold and mail it back to us. We want to hear from you!

Did you read this publication?

___ Completely
___ More than half
___ Less than half
___ Just skimmed

Does this publication fulfill its purpose as stated in the preface or introduction?

___ Completely
___ Partly
___ Not at all

Did you find this publication useful in your work?

___ Often
___ Sometimes
___ Seldom
___ Never

Which section is most valuable? _____

What type of work do you do?

___ Classroom teacher
___ Consultant to classroom teachers
___ School administrator
___ Other _____

Would you recommend this publication to a colleague?

___ Yes, without reservations
___ Yes, with reservations
___ No
___ Other _____

Did you find the content to be stated clearly and accurately?

___ Always yes
___ In general, yes
___ In general, no
___ Always no
___ Other _____

Were the contents presented in a convenient format?

___ Very easy to use
___ Fairly easy
___ Fairly difficult
___ Very difficult
___ Other _____

Did you find this publication to be free of discrimination or biased content towards racial, ethnic, cultural, handicapped, and religious groups, or in terms of sex stereotyping?

___ Yes, without reservations
___ Yes, with reservations
___ No
___ Other _____

What is your impression of the overall appearance of the publication (graphic art, style, type, etc.)?

___ Excellent
___ Good
___ Fair
___ Poor

When this publication is revised, what changes would you like to see made? _____

Additional comments. (Attach a sheet if you wish.)

Thanks!

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